

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-020920**

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 4386 Registrar's No. 33

**FILED JUN 12 1963**

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Thayer</u>		c. CITY OR TOWN <u>Thayer</u>	
Length of stay in 1b <u>10 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home in Thayer</u>		d. STREET ADDRESS (If outside, give location) <u>Thayer</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>Lula</u> Middle <u>Childers</u> Last <u>Childers</u>	4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1963</u>
--	---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/22/1889</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>74</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	11. BIRTHPLACE (City and state or country) <u>Oregon County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
---	--	---	---

13a. FATHER'S NAME <u>W. B. Howell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Mathis</u>	14. NAME OF HUSBAND OR WIFE <u>John R. Childers</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>John R. Childers Thayer, Missouri</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Leukemia, chronic, lymphatic</u>
DUE TO (c) <u>Leukemia, chronic, lymphatic</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour <u>8:30</u> a.m. <u>p.m.</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>Thayer</u> STATE <u>Missouri</u>
---	--	--	--

21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>6-3-63</u>
--------------------------------------	-------------------	----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/3/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>	23d. LOCATION (City, town, or county) <u>Thayer, Missouri</u>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Carter Funeral Home Thayer, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-3-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	---	---

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jerry Cravens*

Licensed Embalmer No. 5050

P. O. Address

*Shay, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.